

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	8-1-00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		8/4/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	5622	9-28-00

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral)..... Canceled                      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10-28-02
2	✓	✓	10-28-02
3	✓	✓	10-28-02
4	✓	✓	10-28-02
5	✓	✓	10-28-02
6	✓	✓	10-28-02
7	✓	✓	10-28-02
8	✓	✓	10-28-02
9	✓	✓	10-28-02
10	✓	✓	10-28-02
11	✓	✓	10-28-02
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48	✓	✓	10-28-02
49	✓	✓	10-28-02
50	✓	✓	10-28-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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